BEST AVAILABLE COPY

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY TYPE (| | OR | OTHER THAN | | |
|--|--|--|--|--------------------------|-------------|------------------|---------------------|---------------------|------------------------|---------------------|-------------------------|------------------------|
| TOTAL CLAIMS | | | | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBE | R EXTRA | | BASIC FEE | 370.00 | OR | BASIC FEE | 8900 |
| TOTAL CHARGEABLE CLAIMS | | | // minus 20= * - | | | | · | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | minus 3 = * | | | <u> </u> | | X42= | | OR | X84= | 8400 |
| 4,0 | 7 4 1 THE CO. LEWIS CO. | DENT CLAIM PI | RESENT | | | - 🗆 | | +140= | | OR | +280= | |
| • If | | | less than zero, enter, "0" in column 2 | | | | TOTAL | | OR | TOTAL | 974.00 | |
| | Cl | LAIMS AS A (Column 1) | MENDED - PART II (Column 2) (Column 3) | | | | | SMALL ENTITY OR | | | OTHER THAN SMALL ENTITY | |
| | **** | CLAIMS | | | ST | CONCERNITO) | 1 | | ADDI- | 1 | | ADDI- |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUMB PREVIO PAID F | USLY : 1 | PRESENT EXTRA | | RATE | TIONAL | | RATE | TIONAL FEE |
| NON | Total | · 20 | Minus | * 2 | U | <u>.</u> | | X\$ 9= | | OR | X\$18= | |
| AME | Independent . | • 2 | Minus | 3 | CLANA | • | ž. | ,X42= | | OR | X84= | |
| FIRST PRESENTATION OF M | | | OLITIFUE DEF | ENDENT | CLAIM | | ' | +140= | | OR | +280= | |
| ÷ . | | | | | | • | TOTAL | | OR | TOTAL ADDIT, FEE | | |
| | | (Column 1) | • | (Colum | nn 2) | (Column 3) | • | ADDIT. FEE | | | ADDII. FEE | |
| | | CLAIMS | | HIGHE | EST | | 1 1 | · · | ADDI- | | | ADDI- |
| AMENDMENT B | | REMAINING AFTER AMENOMENT | | NUME PREVIO PAID F | USLY | PRESENT EXTRA | | RATE | TIONAL FEE | | RATE | TIONAL FÉE |
| | Total | * | Minus | ** | | e | | X\$ 9= | | OR | X\$18= | |
| | Independent | * NTATION OF M | Minus | *** | C! A!!4 | = | 4 | X42= | | OR | X84= | |
| | FIRST PRESE | NIAHUN OF M | ULTIPLE DE | PENDENI | CLAIM | | 4 | +140= | | OR | +280= | |
| | | | | | | | | TOTAL | | OR | TOTAL | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ADDIT. FEE | | | ADDIT. FEE | <u> </u> |
| | | (Column 1) CLAIMS | 1 | (Colun | | (Column 3) | ١, | | 4551 | B | | 100 |
| AMENDMENT C | | REMAINING AFTER AMENDMENT | | NUME PREVIO PAID I | USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | a | | X\$ 9= | 125 | OR | X\$18= | |
| | Independent | * | Minus | white | | = | ا إ | X42= | | | X84= | 1 |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OR | | |
| | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | OR | +280= | |
| ** | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT. FEE | |
| *** | If the "Highest No | imber Previously F nber Previously Pa | Paid For IN TH | IS SPACE E | s less thai | n 3, enter "3." | | • | propriate bo | x in co | | |